

This is a condensed version of the detailed training material for the Indiana Trauma Form.

	phics Screen
Impor	Trauma Form » IT-130926-205 Validity: 99% Status: In Progress Patient: Smith, JoBeth L Lecks: Unlocked Hedical Record Humbers rist: HTS Lacksus: Typed In HTS Lacksus: Typed In Gettered: 69(24(1) by Kathe Gate
Medical Record Number	
Injury Date Incident Date	09/25/2013 Time 0100 = 18
Patient Information	
Race (Up to two) Other Race Height in inches:	Age (at date of incident): Age Units: Vears Whate American Indian Asian Asi
Alternate Residence Would you like to participate in the follow up survey?	City Noblesville County Hamiton State Indiana Lookup Not Applicable No
in the follow up survey?	Save and Continue

You know you are on the "Demographics" tab when the tab is highlighted. The information on the screen should be the same as what you see here.

Facilities Data B	xchange	Report Write	er More =		e/Tin		-
	GE <i>TRI</i>		Dashboard	Incidents	Staff	Users	Setup
Demographics	Injury		Pre-Hospital	ED / Acute Care	Initial Asses	sment Diag	gnoses
Status:'Unlocked' Us	ser:'Katherine	e Gatz'					
Medical Reco	rd Number	est		Trauma Registry ;	# IT-130926-20	5	
Injury Date							
	dent Date	9/25/2013	Time 0100	* (6)			

There is a tool called "Date/Time Helper" that will allow you to capture the dates of specific activities all at once. You can always go back and change this information as you complete the patient form, but it helps reduce the number of times you have to enter the date and time.

Auto Populate Date Fields Incident Date 09/25/2013 0100 This date/time will be used to auto-populate the fields listed below. (Click on the Label to populate) Dates Times Date Discharged from ED 09/25/2013 0400 Date Arrived in ED/Acute Care 09/25/2013 0200 Date Trauma Team Activated 0 0000 Date Sent To CT 0 0000 Abdominal Ultrasound Date 0000 Blood Ordered Date 00000 Crossmatch Date 000000000000000000000000000000000000	ed by Katle Gatz				ecord Number: test
This date/time will be used to auto-populate the fields listed below. (Click on the Label to populate) Dates Times Date Discharged from ED 09/25/2013 0400 Date Arrived in ED/Acute Care 09/25/2013 0200 Date Trauma Team Activated					opuateu: 10)
This date/time will be used to auto-populate the fields listed below. (Click on the Label to populate) Dates Times Date Discharged from ED 09/25/2013 0400 Date Arrived in ED/Acute Care 09/25/2013 0200 Date Trauma Team Activated	Inci	ident Date 09/25/2013	0100		
Dates Times Date Discharged from ED Date Arrived in ED/Acute Care Date Trauma Team Activated Date Sent To CT Abdominal Ultrasound Date Blood Ordered Date Crossmatch Date Blood Administered Date	This date/time will be used	to auto-populate the fie	ds listed below.		
Date Arrived in ED/Acute Care Date Trauma Team Activated Date Sent To CT Abdominal Ultrasound Date Blood Ordered Date Crossmatch Date Blood Administered Date	(Click on		Times		
Date Trauma Team Activated Date Sent To CT Abdominal Ultrasound Date Blood Ordered Date Crossmatch Date Blood Administered Date	Date Discharged from ED				
Time C Date Sent To CT Abdominal Ultrasound Date Blood Ordered Date Crossmatch Date Blood Administered Date	Date Arrived in ED/Acute Care	09/25/2013	0200		
Abdominal Ultrasound Date Blood Ordered Date Crossmatch Date Blood Administered Date	Date Trauma Team Activated				
Blood Ordered Date Crossmatch Date Blood Administered Date	Time 0 Date Sent To CT				
Crossmatch Date Blood Administered Date	Abdominal Ultrasound Date				
Blood Administered Date	Blood Ordered Date				
	Crossmatch Date				
You can click into any date field to change to a different date or to delete the auto-populate	Blood Administered Date				
/ 1986 =		nge to a different date or	to delete the aut	o-populate	

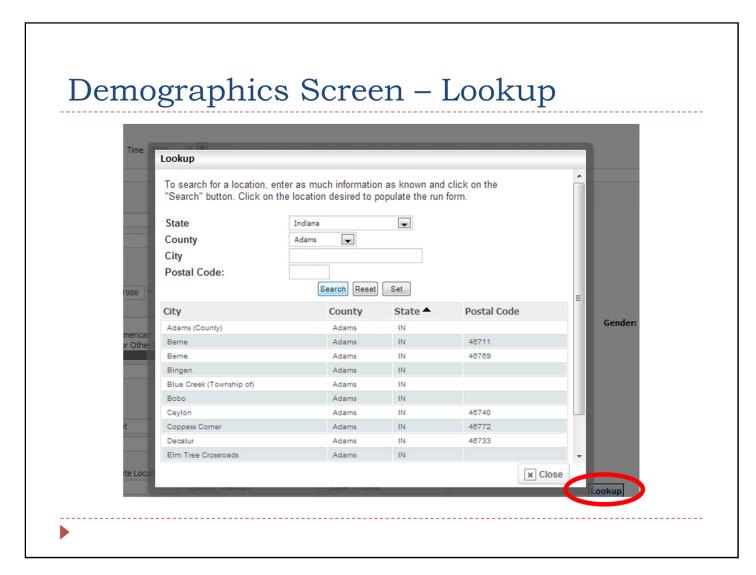
When you click on the purple clock icon, the "Auto Populate Data Fields" box appears. To auto-populated the "Date Arrived in the ED/Acute Care" date and time, click on the title and you will see the Date and Time appear. You can also manually enter each date and time. Once you are done, click "Submit".

Patient Information			
Last Name	Smith		
Patient's First Name	JoBeth		
Middle Initial	L		
Date of Birth	Age (at date of incident). Age Units:		
Race (Up to two)	Asian Black or African American Native Hawaiian or Other Pacific Islander Other Race	Ethnicity: Not Hispanic or Latino	Gender: Female
Other Race			
Height in inches:	60 Height: 152 🕏	Estimated Body Weight: 125.0 🔷 lbs 56.70 🕏 Kg *	
Address	1234 cherry street	Favorite Locations	•
Country	United States	Postal Code 46062	
	Add to Favorite Locations		
	City Noblesville * County Hamilton	* State Indiana *	Lookup
Alternate Residence	Not Applicable 💌 *		
Would you like to participate in the follow up survey?	No 💌		
in the follow up survey:			

If "Other Race" is selected in the "Race" element, a new data element will appear on the form that will allow you to textually enter the patient's race.

Patient Information			
Last Name	Smith		
Patient's First Name	JoBeth		
Middle Initial	L		
Date of Birth	Age (at date of incident) 08 / 01 / 1988 * Age Units		
Race (Up to two)	Asian Black or African American Native Hawaiian or Other Pacific Islander Other Race	Ethnicity: Not Hispanic or Latino **	Gender: Female
Other Race	DOM: NOC		
Height in inches:	60 Height: 152 🕏	Estimated Body Weight: 125.0 🌩 lbs 56.70 🛧 Kg *	
Address	1234 cherry street	Favorite Locations	•
Country	United States	Postal Code 46062	
	Add to Favorite Locations		
	* County Hamilton	* State Indiana *	Lookup
Alternate Residence	Not Applicable *		
Would you like to participate in the follow up survey?	No 💌		
			Save Save and Continue

When the Postal Code is entered, it will auto-generate the patient's city, county, and state. You have the option to "Add to Favorite Locations" in order to make the ZIP code, city, county, and state a part of the "Favorite Locations" drop-down menu in the future.



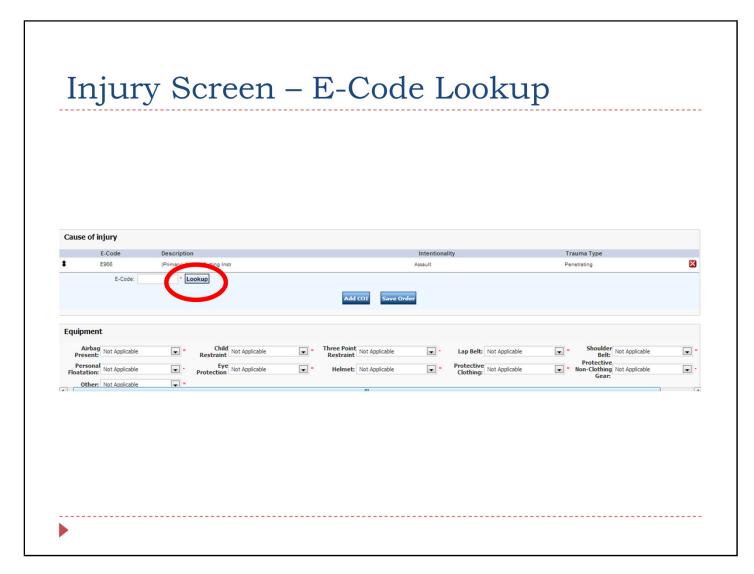
The "Lookup" function allows you to search for information regarding the patient's residential location based on the information you know. Once you enter the information you know, click the "Search" button and it will generate a list of options. Clicking on the City will populate that information in to the run form.

Patient Information					
Last Name	Smith				
Patient's First Name	JoBeth				
Middle Initial	L				
Date of Birth	Age (at date of incid	Jent): 27 💌 * Units: Years	*		
Race (Up to two)	Asian Black or African American Native Hawaiian or Other Pacific Islander Other Race	Ethnic	Not Hispanic or Latino	Gender:	Female .
Other Race	Outer Race				
Height in inches:	60 Height: 152	Estimated Body Weig	ht: 125.0 \$\infty\$ lbs 56.70 \$\infty\$ Kg *		
Address	1234 cherry street	Favorite Locations		•	
Country	United States	Postal Code	46062	•	
	*	r ostar couc	40002		
	Add to Favorite Locations City Noblesville * County Hamilton	* State Indian	a *	Lookup	
Alternate Residence	Not Applicable 💌 *				
Would you like to participate	No 💌				
in the follow up survey?					
				☐ Save	Save and Continue

Click the "Save and Continue" button to save the information just entered and to continue to the next tab.

Demographics	Injury	Pre-Hospital	ED / Acute Care	Initial Assessmen
Edit Incident » Inc		m » IT-130926-205		
	Validity: 99 Status: Co			
		Unlocked 📦		
	Import Status: Ty Entered: 09	/ped In /26/13 by Katie Gatz		
njury Location				
iljury Location				
Location Site	E849.0 - Home/Re	sidence	*	
Favorite Location	1:			
	United States			
ostal Code 46062 * Co	ountry United States			
City No	blesville *	County Hamilton	* State Indiana	* Lookup
0.17		Tiennien		
			Add to Favorite Loca	ations
Work Related	163	*		
tient Occupational Indus	try: Not Applicable	*		
lustry Description:				
cupation: Not Applicable	•	*		
pation Description:				

If "Other" is selected in the "Work-Related" element, four new data elements will appear on the form that will allow you to further explain the occupation of the patient.

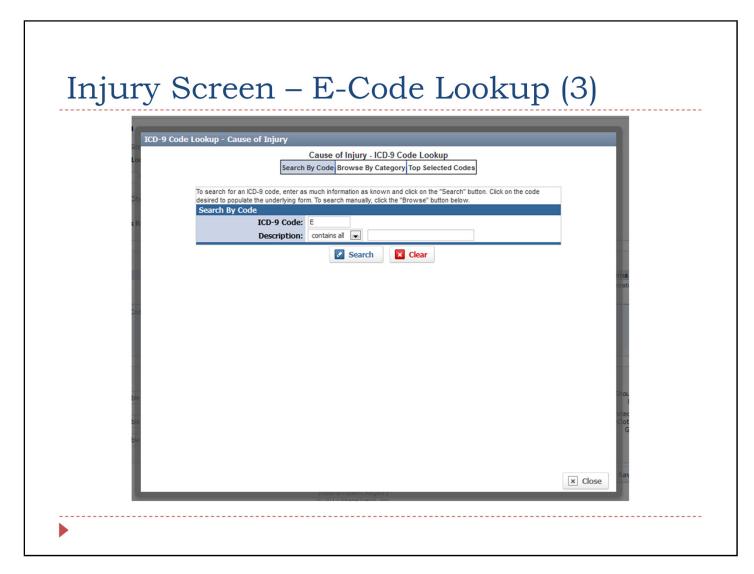


The "ICD-9 Code" element is the E-code used to describe the mechanism (or external factor) that caused the injury event. The "Lookup" function helps you find an E-code.

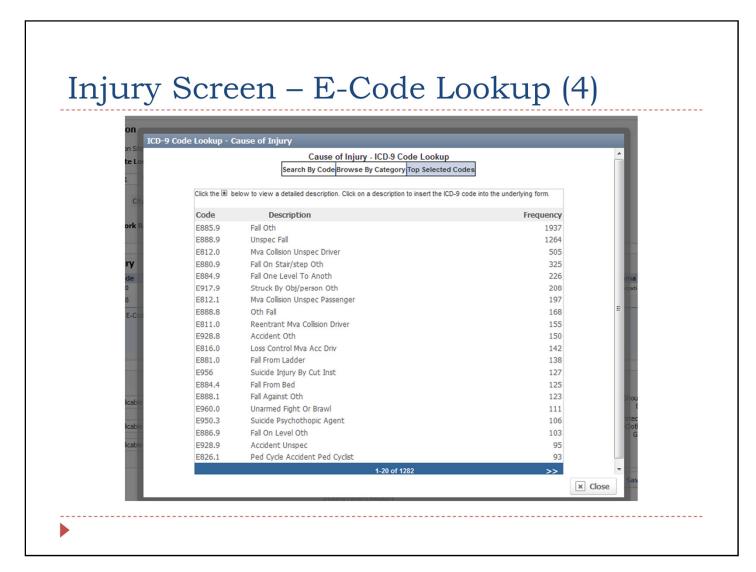
ICD-9	9 Code Lookup - Cause of Injury	
Loc	Cause of Injury - ICD-9 Code Lookup Search By Code Browse By Category Top Selected Codes	
Dity	To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form.	
	ICD-9 Cause of Injury Please Select	
	··· Fiedde Select ···	
		ma
		ttrat
200		
ble		Shor
		rote
ble		Co
ble		
	Clear X Clo	Sat

The "Lookup" function allows you to: 1) Search by code 2) Browse by Category or 3) Choose from the Top Selected Codes

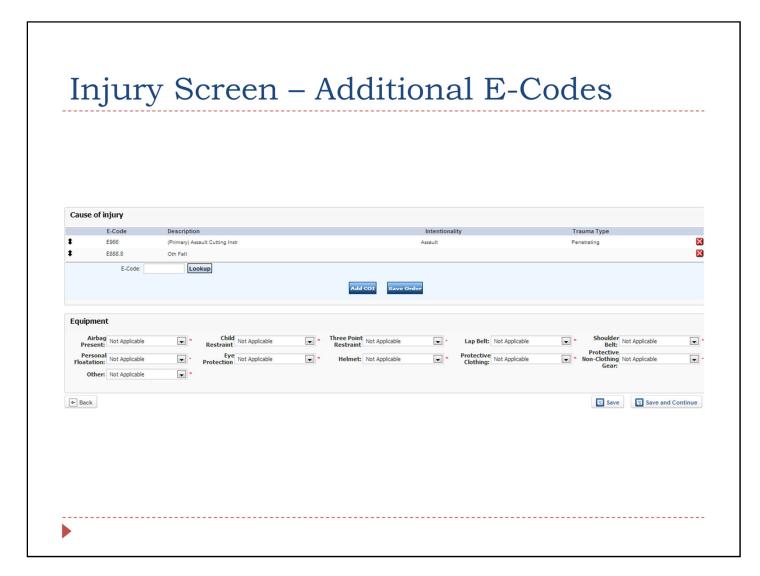
When you click on "Browse by Category", you can select from a series of drop-down menus until you find the E-code you are looking for.



When you click on "Search by Code", you can type in key words to help you find the E-code you are looking for.



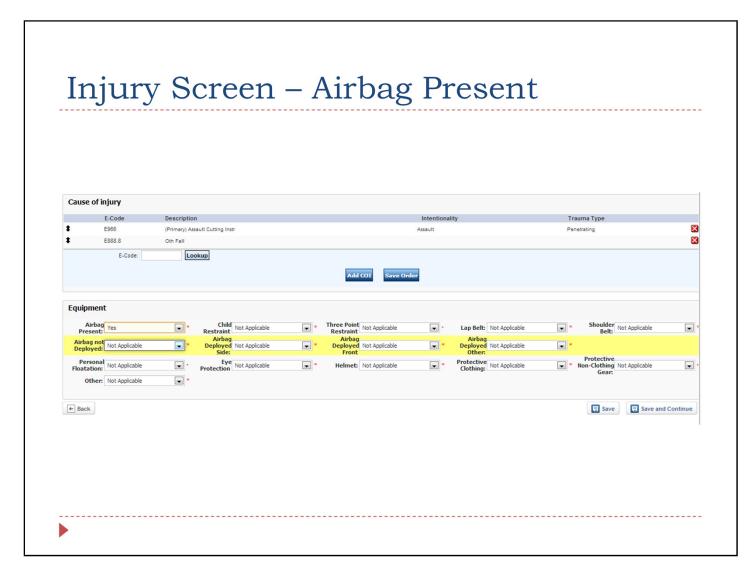
When you click on "Top Selected Codes", you are shown a list of the most frequent E-Codes used in the Indiana Patient Registry that can help you find the E-code you are looking for.



Once you have entered multiple E-codes, you can change the order of the E-codes by clicking and dragging the black arrows on the left-hand side of th screen. Remember that the first E-code listed will be considered the Primary E-Code (primary mechanism that caused the injury event).

Delete an E-Code by clicking on the red X Icon on the right-hand side of the screen.

When you change the order of the E-codes, click the "Save Order" button in order to save the changes you just made.



If "Yes" is selected in the "Airbag Present" element, four new data elements will appear on the form that will allow you to further explain which Airbag Deployed. These are national data elements.

Cause of i	injury											
	E-Code	Descriptio	n					Intentiona	ality	Tra	ита Туре	
ŧ	E966		sault Cutting Instr					Assault		Pene	etrating	8
‡	E888.8	Oth Fall										2
Equipmen Airbag	9 Not Apolicable		Child Restraint	(es	*	Three Point	Not Applicable		Lap Belt: Not Applicable		Shoulder Not Applicable	·
Infant Ca	Not Applicable	*	Child Car	Not Applicable			Not Applicable				Belt: Not Applicable	
Persona	Net Applicable		Seat L Eye Protection				Not Applicable	*	Protective Clothing: Not Applicable		Protective Non-Clothing Not Applicable	•
Floatation: Other:	Not Applicable	*	Protection						Clothing:		Gear:	
4- Back											Save an	d Continue
Back											Save an	d Con

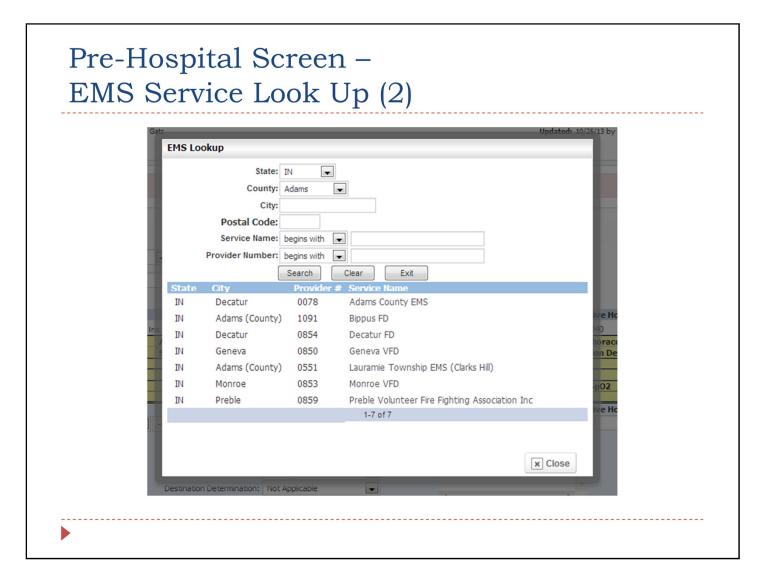
If "Yes" is selected in the "Child Restraint" element, four new data elements will appear on the form that will allow you to further explain what type of Child Restraint was in use. These are national data elements.



If "Yes" is selected in the "Other" element, one new data element will appear on the form that will allow you to further explain in a text format what type of protective equipment was in use.

Run Numb	er EMS PCR Number	Service			EMS Dispatch Dat	te Time	Arrival Time a
		Favorites 🔻	Select Service			*	
				=	AS Service LookUp	l.	Medications:
Tube Thoracostomy:	Not Applicable		CPR Perfor		t Applicable		Medications:
leedle Thoracostomy:	Not Applicable	•	Airway Manage	ment: No	t Applicable	-	
Fluids:	Not Applicable	•	Destination Determin	ation: No	t Applicable	-	4
EMS Status:	Not Applicable 🔻						4
					Add EMS Run Se	arch EMS	S Run
					-		
			* Unit Notified Date is req		Click On To Add/		
			Offic Notified Date is req	uneu in oic	der to save offit Notifit	ed Time, A	drive Scene Time

The "EMS Service Lookup" function allows you to search for information regarding EMS Services.



Once you enter the information you know, click the "Search" button and it will generate a list of options.

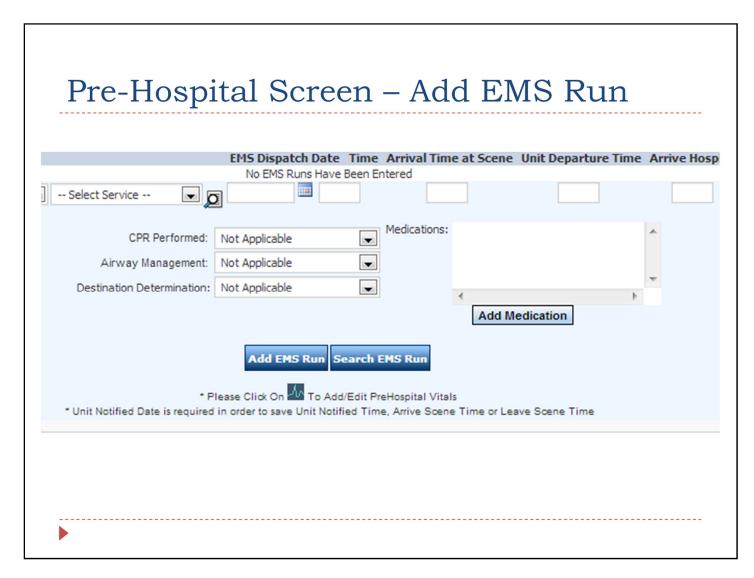
Once you enter the information you know, click the "Search" button and it will generate a list of options. Clicking on the Service Name will populate that information in to the run form.

		*	nit Departure Time Ar		t Applicable
Not Applicable	Medicati	ons:	^		
Not Applicable Not Applicable	.		~		
Not Applicable		Add Med	lication		
	Search EMS Run				
	Add/Edit PreHospital Vita lotified Time, Arrive Scen		ene Time		
				☐ Save	Save and

The "Add Medications" element is where medications given to the patient while under the care of EMS are listed.

Add	i Drugs					
Δ.Β	C D E E G H I I K I M	NOPQRSTUVWX	V 7 4 2 2 4 5 6 7 2 9 AII		^	
^ -	S C D E F G H I S K E W	NOF Q R S T O V W X	Search:			
_						
		Description		^		
	ACLS drugs	Fentanyl	Pelvic wrap			
_	Adenosine	Flagyl (Metronidazole)	Pentothal (Thiopental)		vel	Hosp
	Albuterol Amiodarone	Gentamicin Geodon (Ziprasidone)	Pepcid (Famotidine)			
	Ancef (Cefazolin)	Glucugon (Ziprasidone)	Phenergan (Promethazine			
	Anectine (Succinylcholine)	Haldol (Haloperidol)	Phenobarbital		=	
	Antibiotic (Succiriyidrioline)	Heparin	Phytonadione (Vitamin K)			
	Artiblode Aspirin (ASA)	Inderal (Propranolol)	Prasugrel	E		
	Ativan (Lorazepam)	Insulin	Procainamide			
	Atracurium	Isuprel (Isoproterenol)	Propofol			
	Atropine	Lasix (Furosemide)	Protonix (Pantoprazole)			
	Atrovent (Ipratropium)	Levaquin (Levofloxacin)	Rapid Sequence Induction			
	Benadryl (Diphenhydramine)	Levophed (Norepinephrine) Reglan (Metoclopramide)			
	☐ Bretylium	Lidocaine	Rocephin (Ceftriaxone)			
	Calcium chloride	Lovenox (Enoxaparin)	Sodium bicarbonate			
	Cardizem (Diltiazem)	Magnesium Sulfate	Sodium nitroprusside			
-	Cerebyx (Fosphenytoin)	Mannitol	Tetanus (TT, DT, or DPT)			
	Chest tube	Methylprednisolone	Thiamine (Vitamin B1)		-	

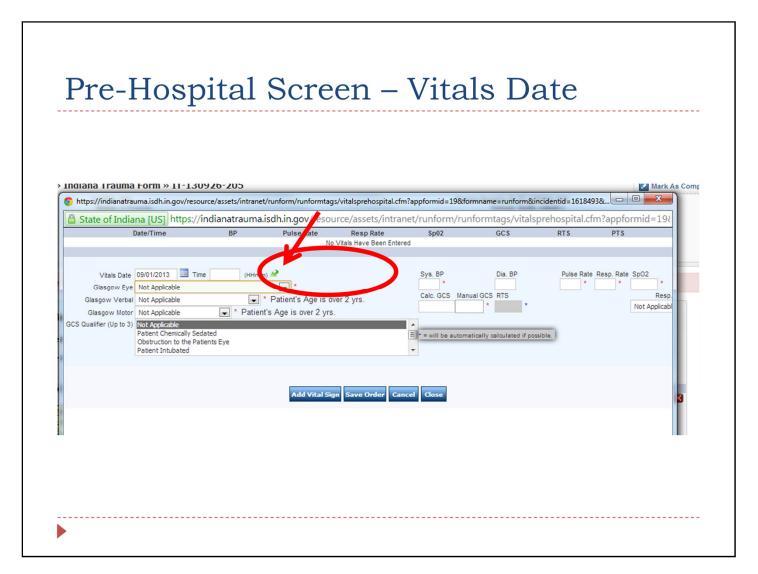
The "Add Medications" element is where medications given to the patient while under the care of EMS are listed. When you click on the "Add Medications" button, it pulls up a list of medications to choose from. You can select multiple boxes that apply to the patient. When you are done selecting medications, click the "Save" button to return to the main Pre-Hospital Screen.



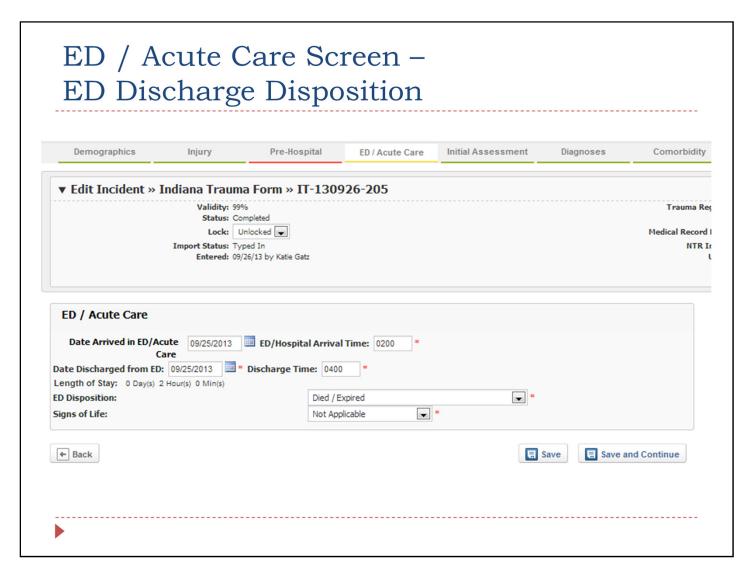
Once you have entered the specific information regarding the EMS Run, click "Add EMS Run" to save the information. Please note that you must enter a Unit Notified Date" in order to save the Unit Notified Time, Arrive Scene Time, or Leave Scene Time.

	Pre-Hospital Sca	reen – A	Add or l	Edit Vi	itals
	Run Number EMS PCR Number Service	FMS Dispatch Date Time	Arrival Time at Scene Unit Depar	ture Time Arrive Hospital	Transport Mode
(3 A		09/01/2013 0010	0020 0030	0040	Ambulance 🔀
(3)	Albany EMS Inc CPR Performed: Not Applicable Airway Management: Not		racostomy: Not Applicable	Needle Thoracostomy:	Ambdidirec
	Fluids: Not Applicable Response Time: 10 min.(s) Scene Time: 10 mi				Not Applicable
	Medications:	into) pore rimer 10 min	(b) Destination Determination	и постружение	
	Eye. Verbal Motor GCS Qualifiers	BP Pulse Rate Resp	o. Rate Resp.Assistance	Sp02 GCS	RTS PTS
	Run Number EMS PCR Number Service	EMS Dispatch Date Time	Arrival Time at Scene Unit Depar	ture Time Arrive Hospital	Transport Mode
	Favorites Select Service	<u> </u>			Not Applicable
		_	Medications:	<u> </u>	
Tube	Thoracostomy: Not Applicable CPR Performed:	Not Applicable			
Needle	Thoracostomy: Not Applicable 🔻 Airway Management:	Not Applicable			
	Fluids: Not Applicable Destination Determination:	Not Applicable		₹	
	EMS Status: Not Applicable		4	F	
	The statement of the st		Add Medication		
			_		
		Add EMS Run Search EMS F	Run		
	* Place	se Click On To Add/Edit PreHosp	nital Vitals		
			ve Scene Time or Leave Scene Time		
← Back				☐ Sa	ve Save and Continue
1					
1					

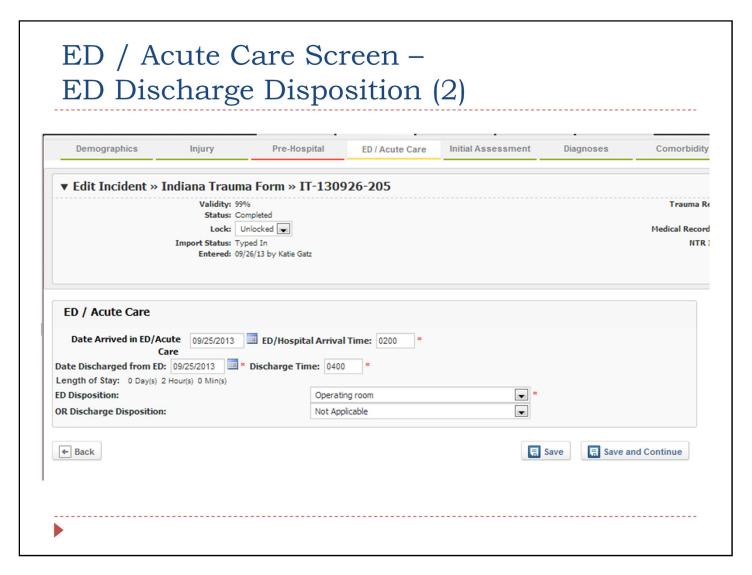
Once you have clicked "Add EMS Run", the screen will refresh and you will see a yellow box in the middle of the screen. On the left-hand side of the screen there is an EKG icon that allows you to add Pre-Hospital vitals. The clipboard and pencil icon allows you to edit Pre-Hospital vitals.



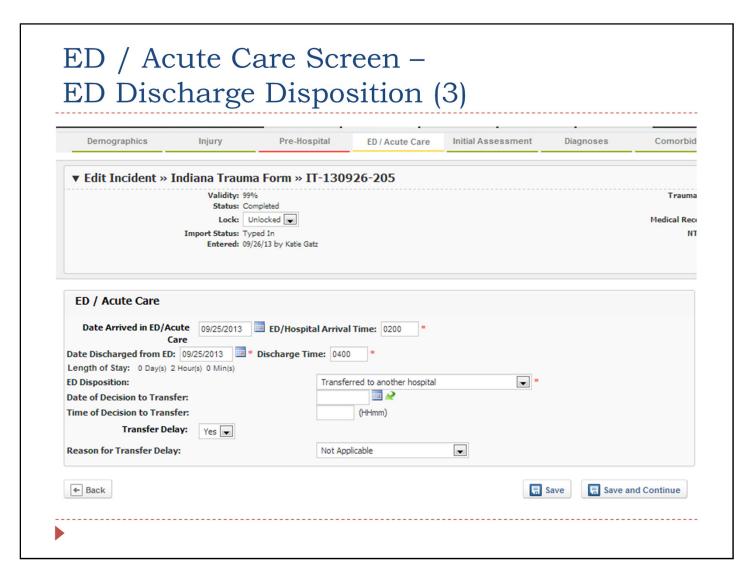
The "Vitals Date" element can also be auto-populated by clicking on the Green Arrow titled "Populate from Date Arrived in ED" if the date is the same for first vitals recorded and ED arrival.



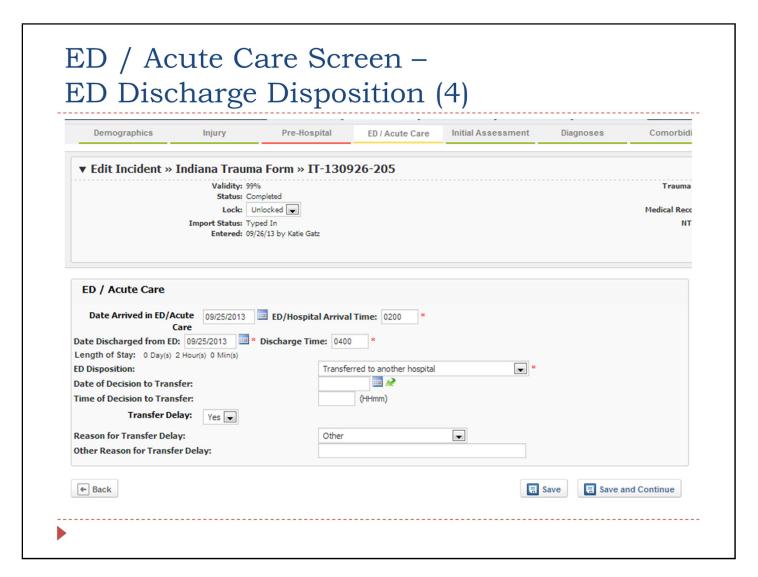
If "Died" is selected in the "ED Disposition" element, one new data element will appear on the form that will allow you to further explain the details of the death.



If "Operating Room" is selected in the "ED Disposition" element, one new data element will appear on the form that will allow you to further explain the details of the disposition in the Operating Room.



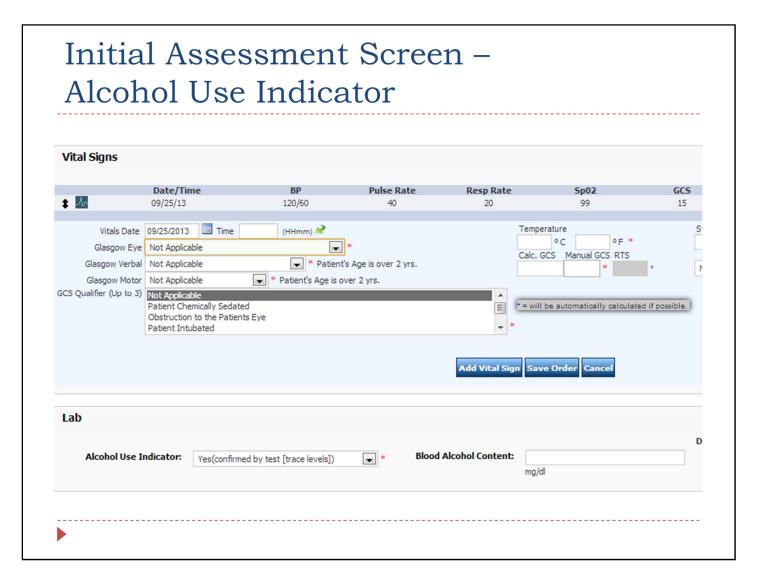
If "Transferred to Another Hospital" is selected in the "ED Disposition" element, four new data elements will appear on the form that will allow you to further explain the details of the transfer.



If "Other" is selected in the "Reason for Transfer Delay" element, one new data element will appear on the form that will allow you to further explain why the transfer was delayed.

Demographic	s Injury	Pre-Hospital	ED / Acute Care	Initial Assessme	nt Diagnoses	
▼ Edit Incide	ent » Indiana Traum	a Form » IT-1309	26-205			
Status: Completed Lock: Unlocked Import Status: Typed In Entered: 09/26/13 by Katie Gatz						
Vital Signs	Date/Time	BP	Pulse Rate	Resp Rate	Sp02	
‡ 🌆	09/25/13	120/60	40	20	99	
Glasgow Verb Glasgow Moto	e 09/25/2013 Time Not Applicable Not Applicable Not Applicable Not Applicable	(HHmm) * * * Patient's * Patient's Age is over	Age is over 2 yrs. er 2 yrs.		rature o C Manual GCS RTS *	
GCS Qualifier (Up to 3	Not Applicable Patient Chemically Sedated Obstruction to the Patients			= will	be automatically calculated if p	

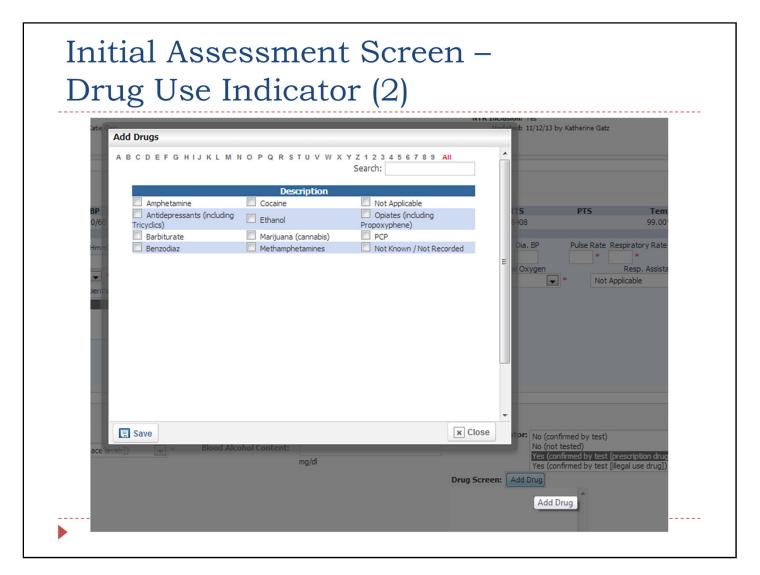
On the left-hand side of the screen there is an EKG icon that allows you to edit the ED/Hospital vitals. If you change any of the information, click the "Save" button and the screen will refresh and show the updated information in the middle of the screen. Once you have entered sets of vital signs taken, you can change the order of the vital signs by clicking and dragging the black arrows on the left-hand side of the screen.



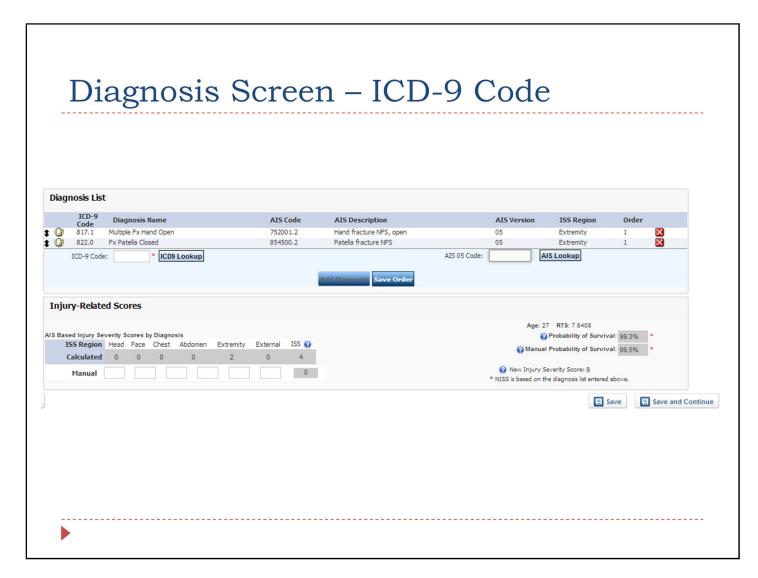
If "Yes" is selected in the "Alcohol Use Indicator" element, a new data element will appear on the form that will allow you to numerically enter the patient's Blood Alcohol Content (BAC).

Pulse Rate	Resp Rate	Sp02	GC5	RTS	PTS	Temp
40		99 erature	Sys. BP	7.8408 Dia. BP	*	99.00°F ratory Rate Oxygen Satural *
: is over 2 yrs. yrs.		GCS Manual GCS RTS	Not Ap	upplemental Oxygen plicable		esp. Assistance
	= will	be automatically calculated in	f possible.			
	Add Vital Sign	e Order Cancel				
* Blood	Alcohol Content:	I	Drug U		med by test) ested) i <mark>rmed by test [presc</mark> irmed by test [illega	
			Drug S	creen: Add Drug		
					^	

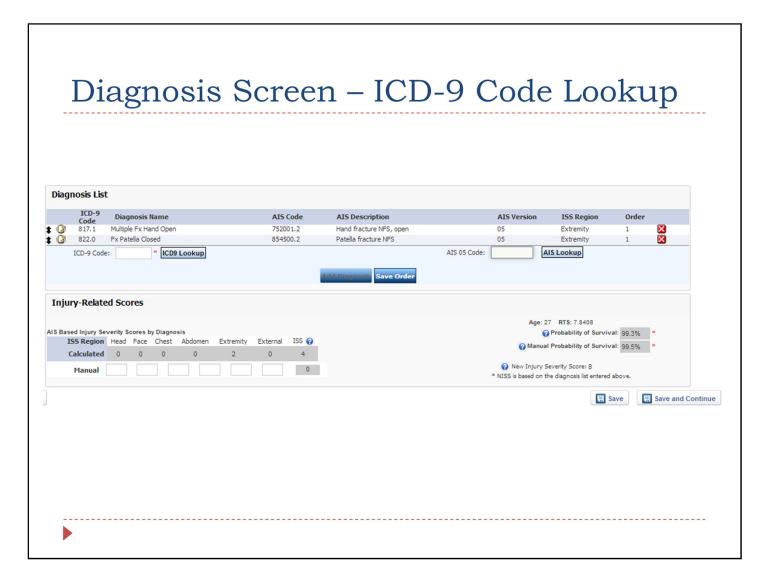
If "Yes" is selected in the "Drug Use Indicator" element, a new data element will appear on the form that will allow you to select the drugs present when drug screening was performed in the ED.



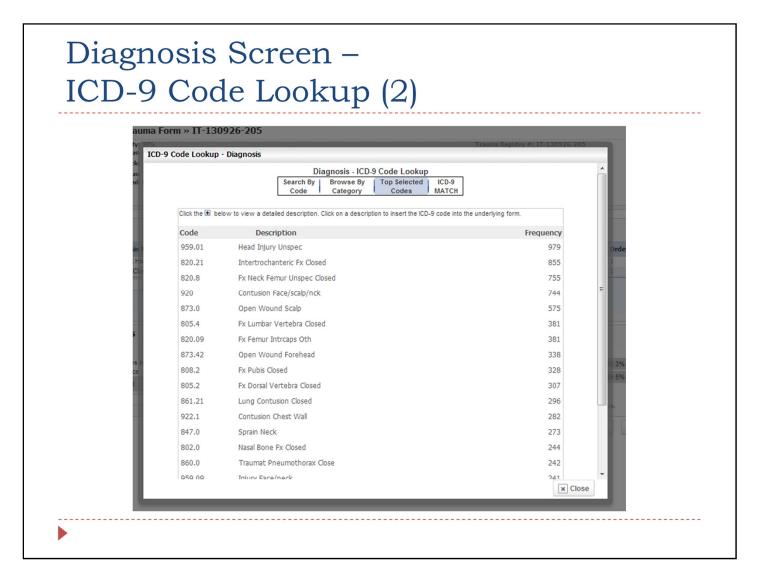
The "Add Drug" element is where drugs that could be present in the patient's system are listed. When you click on the "Add Drug" button, it pulls up a list of drugs to choose from. You can select multiple boxes that apply to the patient. When you are done selecting drugs, click the "Save" button to return to the main Initial Assessment Screen.



ICD-9 Codes are used to auto-generate additional calculated fields: Abbreviated Injury Scale (6 body regions), Injury Severity Score, Probability of Survival, and the New Injury Severity Score



The "ICD-9 Code" element is the diagnoses related to all identified injuries. The "ICD9 Lookup" function helps you find an ICD-9 Code.



The "ICD9 Lookup" function allows you to: 1) Search by code 2) Browse by Category 3) Choose from the Top Selected Codes or 4)ICD-9 Match

When you click on "Top Selected Codes", you are shown a list of the most frequent ICD-9 Codes used in the Indiana Patient Registry that can help you find the ICD-9 Code you are looking for.

ICD	uma Form » IT-130926-205 ICD-9 Code Lookup · Diagnosis	
	Diagnosis - ICD-9 Code Lookup Search By Browse By Top Selected ICD-9 Code Category Codes MATCH	
	To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below. Search By Code: Code Type: Injury Description: Search Search Code Type: Contains any Contains any Clear	
	x Close	

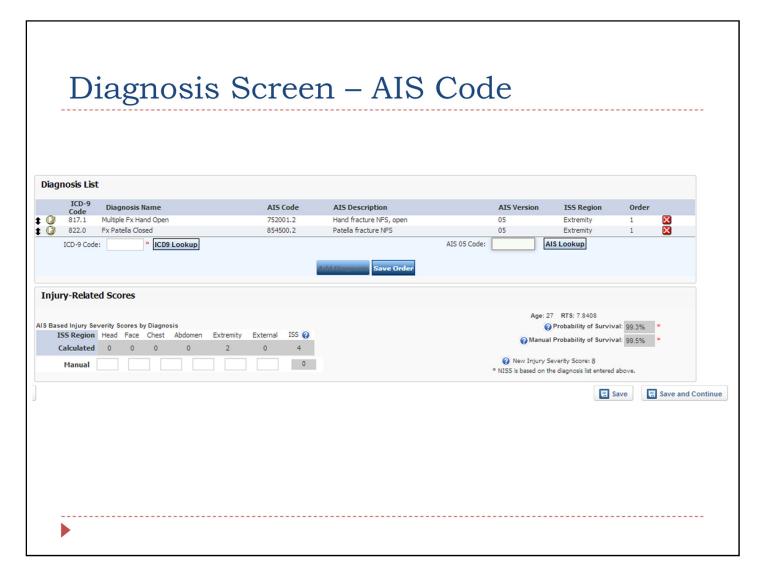
When you click on "Search by Code", you can type in key words to help you find the ICD-9 Code you are looking for.

9996	T-130926-205 Trauma Registry # ookup - Diagnosis	· IT-130926-205
	Diagnosis - ICD-9 Code Lookup Search By Browse By Top Selected ICD-9 Code Category Codes MATCH	
арр	earch for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit be ears on the bottom of the form. Click "Submit" to populate the underlying form. D-9 Diagnosis	utton
	Injury And Poisoning L Please Select	6 1
b :		
▼ Clear		к Close

When you click on "Browse by Category", you can select from a series of drop-down menus until you find the ICD-9 Code you are looking for.

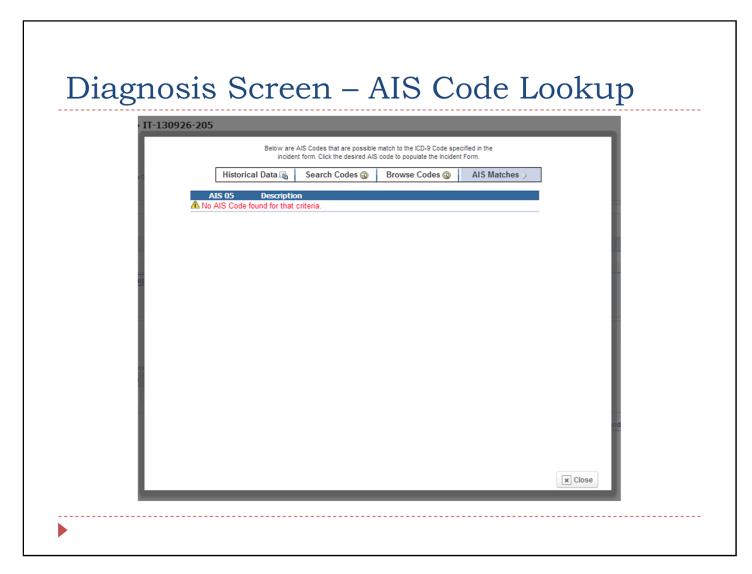
ICD-9 Code Lookup	- Diagnosis Diagnosis - ICD-9 Search By Browse By	Trauma Registry	11-130926-205
r f		Code Lookup	
	Code Category	Top Selected ICD-9 Codes MATCH	
Click the ±	below to view a detailed description. Click on a description	on to insert the ICD-9 code into the underlying form.	
Code	Description		_
M₀ ICD-9	Code found for that criteria.	1-0 of 0	Or
. b			器 C

When you click on "ICD-9 Match", if you have entered an AIS code but do not know the ICD-9 Code, this tab will help you find the ICD-9 Code you are looking for.



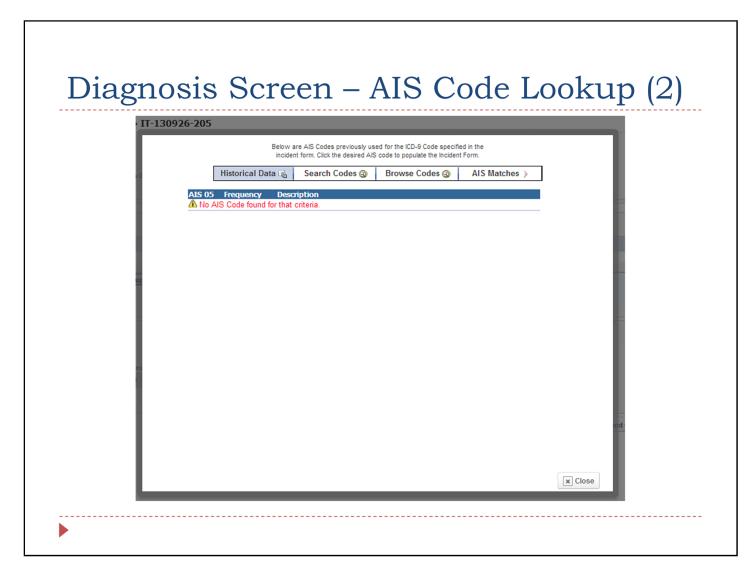
The "AIS" element is the Abbreviated Injury Scale predot codes that reflect the patient's injuries. This is a National Data Element.

The "AIS" element is the Abbreviated Injury Scale predot codes that reflect the patient's injuries. The "AIS Lookup" function helps you find an AIS Code.

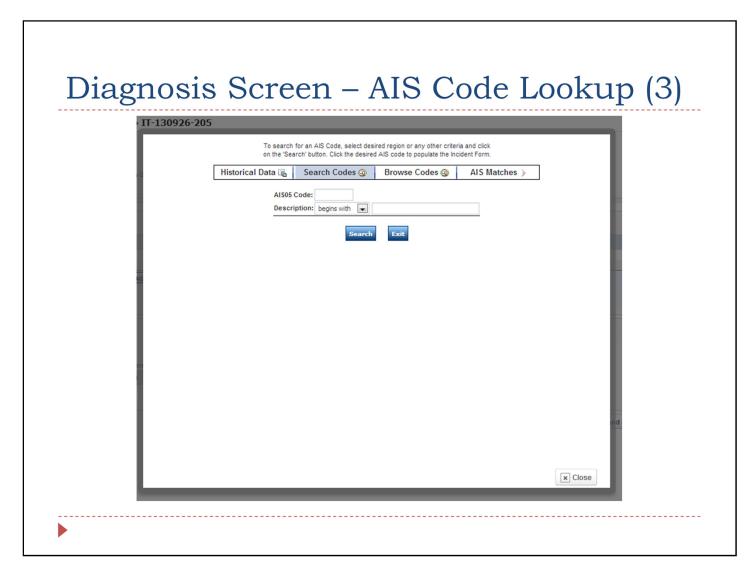


The "AIS Lookup" function allows you to: 1) look at Historical Data 2) Search Codes 3) Browse Codes or 4) AIS Matches

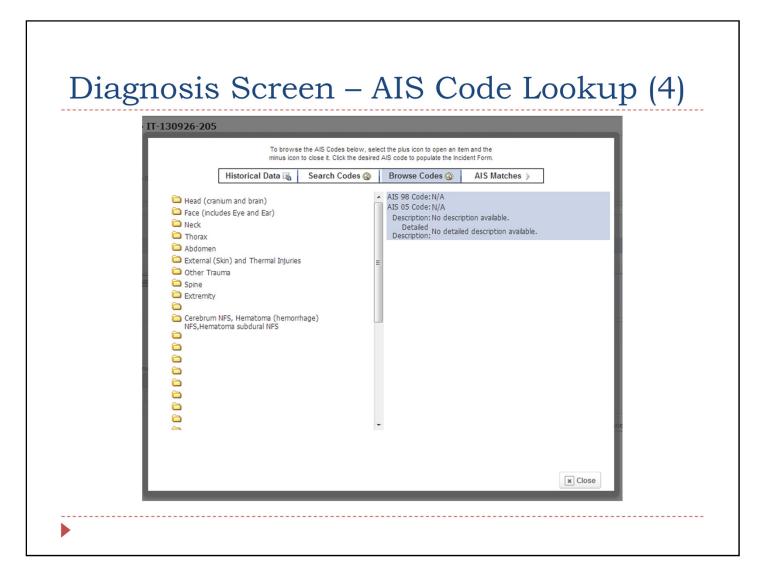
When you click on "AIS Matches", if you have entered an ICD-9 Code but do not know the AIS Code, this tab will help you find the AIS Code you are looking for.



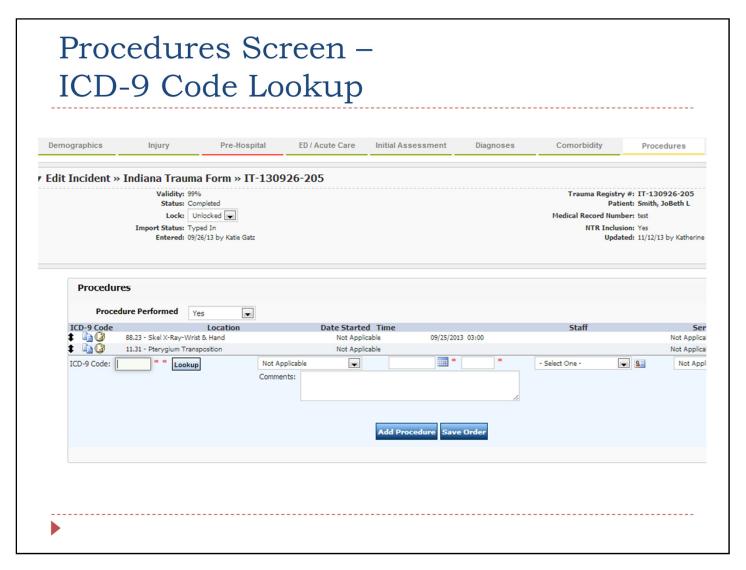
When you click on "Historical Data", you can look at AIS codes used previously for the ICD-9 Codes in the incident form.



When you click on "Search Codes", you can type in key words to help you find the AIS Code you are looking for.



When you click on "Browse Codes", you can select from a series of folders until you find the AIS Code you are looking for.



The "ICD-9 Code" element is the operative and essential procedures conducted during the patient's hospital stay. The "Lookup" function helps you find an ICD-9 Code.

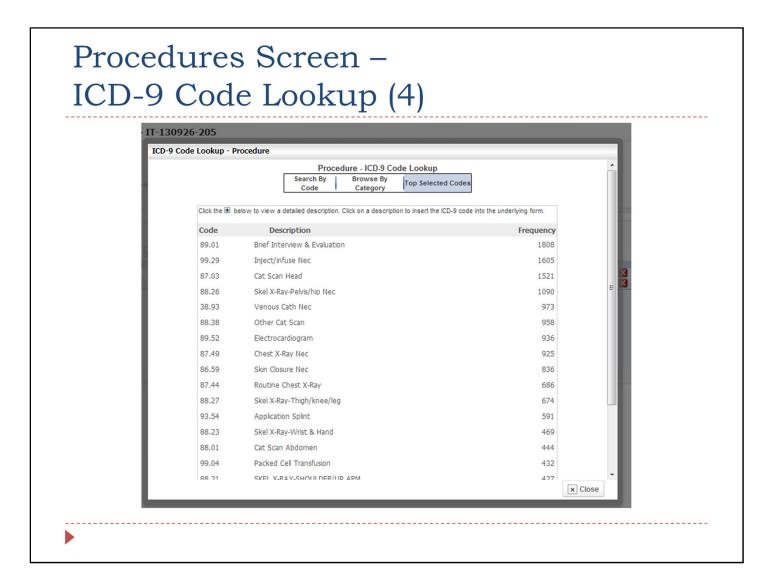
	lures Screen –
CD-9	Code Lookup (2)
-	0926-205
ICD-9	Procedure - ICD-9 Code Lookup Search By Code Browse By Category Top Selected Codes
	To search for an ICD-9 code, select the corresponding information from the cascading drop down boxes until the submit button appears on the bottom of the form. Click "Submit" to populate the underlying form. ICD-9 Procedure
	Please Select
- 1	
- 1	
	Clear
•	

The "Lookup" function allows you to: 1) Search by code 2) Browse by Category or 3) Choose from the Top Selected Codes

When you click on "Browse by Category", you can select from a series of drop-down menus until you find the ICD-9 Code you are looking for.

П-13	Code Lookup (3) 10926-205 9 Code Lookup - Procedure
- 1	Procedure - ICD-9 Code Lookup Search By Code Browse By Category Top Selected Codes
	To search for an ICD-9 code, enter as much information as known and click on the "Search" button. Click on the code desired to populate the underlying form. To search manually, click the "Browse" button below. Search By Code ICD-9 Code: Description: Search Search Clear
	x Close

When you click on "Search by Code", you can type in key words to help you find the ICD-9 Code you are looking for.



When you click on "Top Selected Codes", you are shown a list of the most frequent ICD-9 Codes used in the Indiana Patient Registry that can help you find the ICD-9 Code you are looking for.

	_			reen - cation					
Demographic	s Injury	Pre-Hospital	ED / Acute Care	Initial Assessment	Diagnoses	Comorbidity	Procedures	Complications	Outcome Inf
▼ Edit Incide	Import Status: T	9% Completed Unlocked 📦	926-205			Pati Medical Record Num NTR Inclus		. Gatz	СОМ
Comp	Plications ▶ Complication (NT Cardiovascular Select Complication	DB Complication Definition)		No Complications Have Beer ther Explanation/Action:					
◆ Back								Save ar	nd Continue
>									

Once you select the general complication, select an option from the additional drop-down menu that defines the complication further. This is a National Data Element.

Outcome So Primary Me		ayme	ent			
Demographics Injury Pre-Hospital	ED / Acute Care Initial Assessment	Diagnoses	Comorbidity	Procedures	Complications	Outcome Information
▼ Edit Incident » Indiana Trauma Form » IT-1309. Validity: 99% Status: Completed Locke: Unlocked Import Status: Typed In Entered: 09/26/13 by Katie Gatz	26-205	Þ	Pat Medical Record Num NTR Inclu		Gatz	COMPLETED
Discharge Information Hospital Admission Date Time 09/25/2013 0400 (HHmm) Hospital Discharge Date Time 09/26/2013 030 (HHmm) Hospital Lobush of Stay: 1 Oay(s) 4 Hour(s) 30 Min(s) Total ICU Days Total Ventilator Days	Prit Ott Ott See No Thi	nancial Information mary Method of Payment her her Billing Source: condary Method of Payme Applicable rd Method of Payment: Applicable	(without 's' sy	ital Charges:		
Disposition Hospital Discharge Disposition: Home with no home services → Back	•			u	Save I Save an	id Continue
>						

If "Other" is selected in the "Primary Method of Payment" element, a new data element will appear on the form that will allow you to textually enter the billing source.

Discharge Information	1				P
Hospital Admission Date Time					N
09/25/2013 04 Hospital Discharge Date Time	00 (HHmm)				
99/26/2013 * 08	(HHmm) *				5
Hospital Length of Stay: 1 Day(s Fotal ICU Days Total Ventilator					
) * 0 *	Days				TI
					J -
Hospital Discharge Dispositi Date/Time Death Occurred:		*	Location of Death:	Not Applicable	
Death Circumstance:	Not Applicable				
Circumstances of Death:					
Organ Donation:	Not Applicable		8		
Autopsy Performed:	Not Applicable				

If "Expired" is selected in the "Hospital Discharge Disposition" element, eight new data elements will appear on the form that will allow you to enter additional information regarding the patient's death.

Discharge Informatio	1					
Hospital Admission Date Time 09/25/2013						
Hospital Discharge Date Time 09/26/2013 * 08						
Hospital Length of Stay: 1 Day(s Total ICU Days Total Ventilator						
0 * 0						
Disposition						
Hospital Discharge Dispositi	on: Expired		*			
Date/Time Death Occurred		(HHmm)	Location of Dea	ath:	Not Applicable	•
Death Circumstance:	Other	v	Othe	r Description:		
Circumstances of Death:						
	N		//			
	Not Applicable					
	Not Applicable					
Autopsy Performed: Advanced Directive:						

If "Other" is selected in the "Death Circumstance" element, a new data element will appear on the form that will allow you to textually enter the cause of death.

Discharge Information		Finan
Discharge Information		Primary
Hospital Admission Date Time 09/25/2013 040	0	Medicaid
Hospital Discharge Date Time 09/26/2013 * 083	0 (HHmm) *	Seconda
Hospital Length of Stay: 1 Day(s)	(a same)	Not Appl
Total ICU Days Total Ventilator D		Third Me
0 * 0 *		Not Appl
Disposition Hospital Discharge Disposition Destination Determination:	on: (acute care hospital) a short-term general hospita •	
Hospital Transferred To:	Favorites Select Hospital	
Transport Mode:	Not Applicable	

If "Acute Care Hospital" is selected in the "Hospital Discharge Disposition" element, three new data elements will appear on the form that will allow you to enter additional information regarding the patient's death.

Discha	rge Information		
	mission Date Time		
09/25/201: Hospital Di	□□ 0400		
09/26/201			
	ngth of Stay: 1 Day(s) 4 Hour(s) 30 Min(s) ays Total Ventilator Days		
0	· 0 **		
			- [
Dispos	ition		
Unanital	Discharge Disposition: (acute care hospital) a sho	at torre consultation	
поѕрісаі	Destination Determination: Not Applicable	reterm general nospita	
	Hospital Transferred To: Other		
Fa	ility:		
	City:		
State	elect State		
State	Transport Mode: Not Applicable	•	
	Transport Flode. Not Applicable		

If "Other" is selected in the "Hospital Transferred To" element, three new data elements will appear on the form that will allow you to enter additional information regarding the hospital the patient was transferred to.

		Primary
Hospital Admission Date Time	¬	Medicaid
09/25/2013 0400 Hospital Discharge Date Time	₩ (HHmm)	
09/26/2013 * 0830	(HHmm) *	Second
Hospital Length of Stay: 1 Day(s) 4 H	Hour(s) 30 Min(s)	Not App
Total ICU Days Total Ventilator Days	S	Third M
0 * 0		Not App
Disposition Hospital Discharge Disposition:	Rehabilitation or long-term facility *	
Hospital Transferred To: 5	Select Rehabilitation Facility	

If "Rehab or Long-Term Facility" is selected in the "Hospital Discharge Disposition" element, a new data element will appear on the form that will allow you to select the name of the facility the patient was transferred to.